

# CANDIDACY CONSIDERATION REQUEST FORM

Please fill out this form if you fall into one of the following categories:

1. If you do not meet the eligibility requirements for an ARTiBA credential but would still like to be considered for review.
2. If your application was rejected and you would like to request reconsideration, please submit this request within five business days of receiving the rejection communication from ARTiBA.

The decision is communicated within 5-7 business days on the registered Email ID after receiving the application.

## Contact Information

ARTiBA Candidate ID:

Full (Legal) Name:

Email ID:

Contact Number:

Highest Qualification:

Years of Work Experience:

# ARTiBA<sup>®</sup>

ARTIFICIAL INTELLIGENCE  
BOARD OF AMERICA

Please share your areas of expertise, professional interests, and specializations. Additionally, please explain why the professional pathway you are seeking is important at this stage of your career.

Kindly provide insight into how you plan to bridge the gap between the educational qualifications and professional experience required for the ARTiBA credential.

## DECLARATION AND CONFIRMATION

I acknowledge that the information I've provided in this application is true and correct. I hereby authorize the Artificial Intelligence Board of America to verify the information provided, if required. I understand that this will be treated as confidential information.

Signature:

Date:

Attach and submit the filled form along with any necessary documents [here](#).